

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	2					
4	2					
5	2					
6	2					
7	2					
8	2					
9	2					
10	2					
11	2					
12	2					
13	2					
14	2					
15	2					
16	2					
17	2					
18	2					
19	2					
20	2					
21	2					
22	2					
23	2					
24	2					
25	2					
26	2					
27	2					
28	2					
29	1					
30	1					
31	1					
32						
33		1				
34						
35						
36		1				
37						
38						
39						
40		1				
41		1				
42	1					
43	1					
44	2					
45	2					
46	2					
47	2					
48	2					
49	1					
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51		2						
52		2						
53		2						
54		2						
55		2						
56		2						
57	1							
58			1					
59			1					
60			1					
61			1					
62			1					
63			1					
64			1					
65			1					
66			1					
67			1					
68			1					
69	1							
70			1					
71			1					
72			1					
73			1					
74			1					
75			1					
76			1					
77			1					
78			1					
79			1					
80			1					
81			1					
82			1					
83			1					
84			1					
85		2						
86		1						
87		1						
88		2						
89	1							
90								
91								
92								
93								
94								
95								
96								
97								
98								
99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								